

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10509371 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	8			1		
5	1			1		
6	1		1			
7	1		1			
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TOTAL IND.	2	↓	1	↓	↓	
TOTAL DEP.	6	←	6	←	←	
TOTAL CLAIMS	8		7			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						